U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF		COURT CASE NUMBER	
Kenny Hill	05-160 Erie		
DEFENDANT	*.	TYPE OF PROCESS	
Mary Beth Buchanan USA	Civil		
NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR		O SEIZE OR CONDEMN	
SERVE USA Office; &00 Grant Street; Suite ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	<u> </u>		
U.S. Post Office & Courthouse; Pitts	sburg. PA 15219		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285		
Kenny Hill #17110-016	SCITCE WITH BIRS 1 OF IN 205	ONE	
FCC Petersburg Low P.O. Box 1000	Number of parties to be served in this case	Six	
Petersburg, VA 23804	Check for service on U.S.A.	V	
		X	
Sygneture of Attorney other Originator requesting service on Schalf of: PLAINTIFF	TELEPHONE NUMBER	DATE	
DEFENDANT		11-29-05	
(h. Clause Jack	LOW MANAGE DEL OW		
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO			
acknowledge receipt for the total Total Process District of District to Serve Signature of Aut	thorized USMS Deputy or Clerk	Date	
Sign only for USM 285 if more			
than one USM 285 is submitted) No. No. No.			
I hereby certify and return that I \square have personally served , \square have legal evidence of service, \square have not the individual, company, corporation, etc., at the address shown above on the on the individual, con	ave executed as shown in "Remarks impany, corporation, etc. shown at the	", the process described ic address inserted below.	
t hereby certify and return that I am unable to locate the individual, company, corporation, etc. nar	med above (See remarks below)		
Name and title of individual served (if not shown above)		able age and discretion defendant's usual place	
Address (complete only different than shown above)	Date 12/2	Time a	
	Signature of U.S. M.	arshal or Deputy	
Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposi	its Amount owed to U.S. Marsh	al* or	
including endeavors)	(Amount of Refund*)		
REMARKS: (142 4842 8030 5305 12-20-35			

- PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD

 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 - 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285 Rev. 12/15/80 Automated 01/00

2. Article Number



7160 3901 9842 8020 5205

Yes Yes

3. Service Type CERTIFIED MAIL

4. Restricted Delivery? (Extra Fee)

1. Article Addressed to:

COMPLETE THIS SECTION ON DELIVERY Agent Addressee D. Is delivery address different from item 1? Yes No If YES, enter delivery address below:

MARY BETH BUCHANAN J.S. ATTORNEY OFFICE

10000 GRANT STREET, SUITE 400 U.S. POST OFFICE & COURTHOUSE

PITTSBURGH, PA. 15219

5-160E,S/C/O,12/20/05,SRB